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UTILITY PATENT APPLICATION TRANSMITTAL

(Only for new non-provisional applications under 37 CFR 1.53(b))

22856 U.S. PTO
10/804304



Attorney Docket No.		f001	
Client Matter Number			
First Inventor or Application Identifier:		Picco et al.	
Title:		SYSTEM AND METHOD FOR DETECTING WATER LEAKAGE	
Express Mail Label No.:		ER 616212083 US	
Application Elements (See MPEP chapter 600 concerning utility patent application contents)		ADDRESS TO: MAIL STOP PATENT APPLICATIONS Commissioner For Patents P.O. BOX 1450 Alexandria, VA 22313-1450	
<p>1. <input checked="" type="checkbox"/> Fee Transmittal Form (Submit an original & duplicate for fee processing)</p> <p>2. <input checked="" type="checkbox"/> Applicant claims small entity status</p> <p>3. <input checked="" type="checkbox"/> Specification [Total Pages <u>38</u>] (preferred arrangement set forth below)</p> <ul style="list-style-type: none">• Descriptive title of the Invention• Cross References to Related Applications• Statement Regarding Fed sponsored R&D• Background of the Invention• Brief Summary of the Invention• Brief Description of the Drawings (if filed)• Detailed Description• Claim(s)• Abstract of the Disclosure <p>4. <input checked="" type="checkbox"/> Drawing(s) (35 USC 113) [Total sheets <u>21</u>]</p> <p>5. <input checked="" type="checkbox"/> Oath or Declaration [Total Pages <u>3</u>]</p> <p>a. <input checked="" type="checkbox"/> Newly executed (original or copy)</p> <p>b. <input type="checkbox"/> Copy from prior application (37 CFR 1.63(d)) (for continuation/divisional with Box 17 completed)</p> <p>i. <input type="checkbox"/> Deletion of Inventor(s) Signed statement attached in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).</p> <p>6. <input type="checkbox"/> Application Data Sheet. See 37 CFR 1.76</p>		<p>7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table, or Computer Program (Appendix)</p> <p>8. <input type="checkbox"/> Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)</p> <p>a. <input type="checkbox"/> Computer Readable Form (CRF)</p> <p>b. <input type="checkbox"/> Specification Sequence Listing on:</p> <p>i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or</p> <p>ii. <input type="checkbox"/> paper</p> <p>c. <input type="checkbox"/> Statement verifying identity of above copies</p> <p>ACCOMPANYING APPLICATION PARTS</p> <p>9. <input checked="" type="checkbox"/> Assignment Papers (cover sheet & document(s))</p> <p>10. <input type="checkbox"/> 37 CFR 3.73(b) Statement (when there is an assignee) <input checked="" type="checkbox"/> Power Of Attorney</p> <p>11. <input type="checkbox"/> English Translation Document (if applicable)</p> <p>12. <input checked="" type="checkbox"/> Information Disclosure Statement (IDS/PTO 1449) <input type="checkbox"/> Copies of IDS Citations</p> <p>13. <input type="checkbox"/> Preliminary Amendment (____ pgs.)</p> <p>14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (Should be specifically itemized)</p> <p>15. <input type="checkbox"/> Certified Copy of Priority Document(s) (if foreign priority is claimed)</p> <p>16. <input checked="" type="checkbox"/> Express Mail Certification</p> <p>17. <input type="checkbox"/> Request And Certification under 35 USC 122(b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent</p> <p>18. <input checked="" type="checkbox"/> OTHER: Check # <u>1101</u> (\$1018)</p>	
<p>17. If a CONTINUING APPLICATION, check appropriate box and supply the requisite information:</p> <p><input type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-In-Part of prior application no.: _____</p> <p>Prior application information: Examiner: _____ Group/Art Unit: _____</p>			
18. CORRESPONDENCE ADDRESS			
<input type="checkbox"/> Customer Number (29397) Or Bar Code Label		<div style="border: 1px solid black; width: 200px; height: 50px;"></div>	
OR			
<input checked="" type="checkbox"/> Correspondence Address Below			
NAME		ATTN: Gerald Maliszewski	
		LAW OFFICE OF GERALD MALISZEWSKI	
ADDRESS		PO Box 270829 San Diego, California 92198-2829 USA	
Telephone: 858-451-9950		Fax No.: 858-451-9869	
Name (print/type) Gerald Maliszewski		Registration No.: 38,054 (Attorney/Agent)	
Signature		Date 3/18/2004	

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FEE TRANSMITTAL

Attorney Docket No.	f001
First Named Inventor:	Picco et al.
Application Number	
Filing Date:	3/19/2004
Examiner Name:	
Group/Art Unit:	

TOTAL AMOUNT OF PAYMENT:	\$1018.00
METHOD OF PAYMENT (check One)	1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and/or credit any over payment to: Deposit Account No.: 502033 Deposit Account Name: Law Office of Gerald Maliszewski <input checked="" type="checkbox"/> Charge any Additional Fee Required Under 37 CFR 1.16 and 1.17 2. <input checked="" type="checkbox"/> Payment Enclosed: <input checked="" type="checkbox"/> Check <input type="checkbox"/> Money Order <input type="checkbox"/> Other

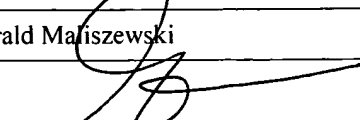
2. UTILITY Basic Filing Fee & Claims

(1) For	(2) No. filed	(3) No. extra	(4) Large Entity	(5) Small Entity	(6) Calculations
Basic Filing Fee	0	0	\$ 770.00	\$385.00	\$ 385.00
Total Claims	62 - 20 =	42	x \$ 18.00	42 X \$ 9.00	\$ 378.00
Independent Claims	8 - 3 =	5	0x \$ 86.00	5 X \$ 43.00	\$ 215.00
Multiple Dependent Claim(s) (if applicable)			\$ 290.00	\$145.00	\$ 000.00
Total of above Calculations =					\$ 978.00

Basic Filing Fee	Large Entity	Small Entity	Total
Design filing fee	\$ 330.00	\$ 166.00	\$ 000.00
Reissue filing fee	\$ 740.00	\$ 370.00	\$ 0.00
Provisional filing fee	\$ 160.00	\$ 80.00	\$ 0.00
Total of above Calculations =			\$

3. ADDITIONAL FEES

Fee Description	Large Entity	Small Entity	Other
	\$	\$	\$
assignment	\$ 40.00	\$	\$ 40
	\$	\$	\$
	\$	\$	\$
TOTAL:			\$40

Name (print/type)	Gerald Maliszewski	Registration No.: (Attorney/Agent)	38,054
Signature		Date	3/18/2004

"EXPRESS MAIL" MAILING LABEL NO. _____

ER616212083US

DATE OF DEPOSIT: _____

3/19/2004

I HEREBY CERTIFY THAT THIS PAPER OR FEE IS BEING DEPOSITED WITH THE UNITED STATES POSTAL SERVICE "EXPRESS MAIL POST OFFICE TO ADDRESSEE" SERVICE UNDER 37 CFR 1.10 ON THE DATE INDICATED ABOVE AND IS ADDRESSED TO THE COMMISSIONER FOR PATENTS, P.O. BOX 1450, ALEXANDRIA, VA 2233-1450.

Diane Maliszewski

NAME



SIGNATURE